

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69601	5/5/00
O.I.P.E. CLASSIFIER		10	5-16-99
FORMALITY REVIEW	892	88578	5/9/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	X	10	4/17/20
2	✓	11	4/17/20
3	✓	12	4/17/20
4	✓	13	4/17/20
5	8	14	4/17/20
6	✓	15	4/17/20
7	✓	16	4/17/20
8	✓	17	4/17/20
9	✓	18	4/17/20
10	✓	19	4/17/20
11	✓	20	4/17/20
12	0	21	4/17/20
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here